



ESRC-DFID Research Evidence on Achieving Health for All by 2030



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Research jointly supported by the ESRC and DFID

This booklet was prepared for a panel session on 'Making Universal Health Coverage a reality by 2030: evidence of what works' hosted by the [ESRC-DFID Impact Initiative](#) which took place at the 5th Global Symposium on Health Systems Research in Liverpool, UK on 8 October 2018.

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A community health worker conducts a survey in a slum, Bangladesh.



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Breaking the cycle between poverty and poor health

There is a growing body of evidence that health contributes to individual wellbeing, household stability, and national development. In 1978, the Declaration of Alma-Ata was the first international declaration to state the importance of guaranteeing health as a citizen right, strengthening health systems, and focusing on primary health care. While important efforts have been made since then, the achievement of 'health for all' is still a challenge.

In 2017, globally, 36.9 million¹ people were living with HIV/AIDS. Tuberculosis killed 1.7 million² people in 2016 (most of them poor), remaining the single biggest killer of adults in the world. Approximately 91 per cent³ of Malaria-related deaths in 2016 happened in sub-Saharan Africa. Maternal and child mortality were far higher in low-income countries. These well-known statistics remind us about the importance of keeping the Alma-Ata principles alive and working to improve the health status of those living in poverty.

The Economic and Social Research Council (ESRC) and Department for International Development (DFID) Strategic Partnership funds world-class scientific research which contributes to a robust conceptual and empirical basis for development. This booklet of research projects funded through the ESRC-DFID Joint Fund for Poverty Alleviation Research presents the

efforts of research groups working in low- and middle-income countries to better understand *how* and *under which conditions* a range of health promotion, health protection, and curative interventions are contributing to health improvement. This comprehensive understanding of health brings together efforts to address the wider causes of poor health, which includes the persistent inequalities that inhibit poorer and more vulnerable communities from living healthy lives, such as lack of access to vital services, or inadequate living standards.

While efforts are being made to develop theoretical approaches towards constructing a theory of health causation and distribution that spans both poor and rich countries, research programmes are looking at critical conditions that disproportionately affect poor people. In this vein, researchers are working to measure both the impact of the AIDS epidemic, tuberculosis, malaria, unsafe abortion, disability, and dementia on household welfare; and different strategies that are being used to mitigate their negative impact. They are also investigating how to effectively reach poor and otherwise disadvantaged groups, and promote policy initiatives that bring communities, government actors, and NGOs together to break the vicious cycle between women's low empowerment, poor reproductive and newborn health, child malnutrition, poor utilisation of health services, and poverty.

Furthermore, many programmes are concerned with a health system's

¹www.who.int/gho/hiv/en/

²www.who.int/gho/tb/en/

³www.who.int/malaria/data/en/

effectivity. The use of mobile phones to train community health workers and guarantee citizens access to reliable and trustworthy health information and advice is being tested. Management tools, such as performance-based financing and the use of incentive regimes to prevent unnecessary over-treatment, pharmaceutical regulation, biomedical experimentation, and health management to build resilience to disaster risks are also being studied and evaluated. Finally, there is a debate concerning how different types of accountability politics, institutions, and professionals who broker health policies and sectorial programmes at the national, regional, and international level contribute to the reduction of health inequalities.

The results already produced by the research teams working in Africa, Asia, Latin and South America reinforce our understanding about the multidimensional efforts that need to be made in order to break the cycle between poverty and poor health. Women's education; capacity-building for health professionals; technology incorporation; improvement in diagnosis and treatment; development of policy, professional, and community networks; and political activism are all part of the mosaic of interventions needed to address the critical barriers to meeting the health Sustainable Development Goals. The results also shed light on the richness of bringing together a diversity of methodological approaches. Surveys, qualitative research, mixed methods approaches, randomised controlled trials, and impact evaluation are being used and



This comprehensive understanding brings together efforts to address the wider causes of poor health.

combined in different degrees to produce evidence about what works, where, how, and for whom.

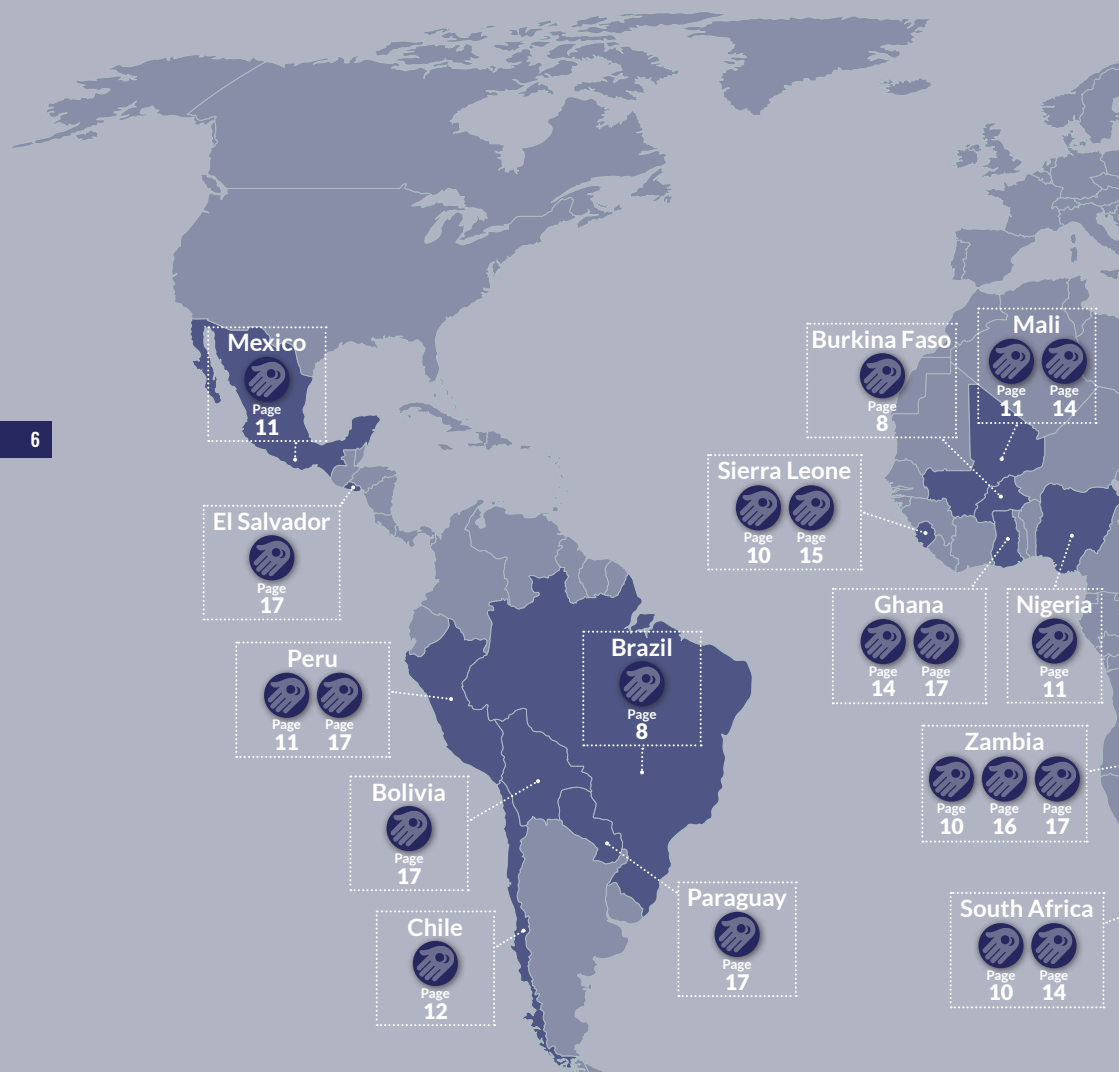
The ESRC-DFID Joint Fund for Poverty Alleviation Research is investing in rigorous social science research and helping to communicate the findings to the policymaking community. This effort will certainly contribute to the goal of reducing poverty and improving the health amongst the poorest countries and peoples of the world.

Vera Schattan P Coelho

Brazilian Center of Analysis and Planning (CEBRAP), São Paulo, Brazil

ESRC-DFID Research Evidence on

Research on health for all enabled by the UK's Economic and Social Research Council (ESRC) and the Department for International Development (DFID) Strategic Partnership¹:

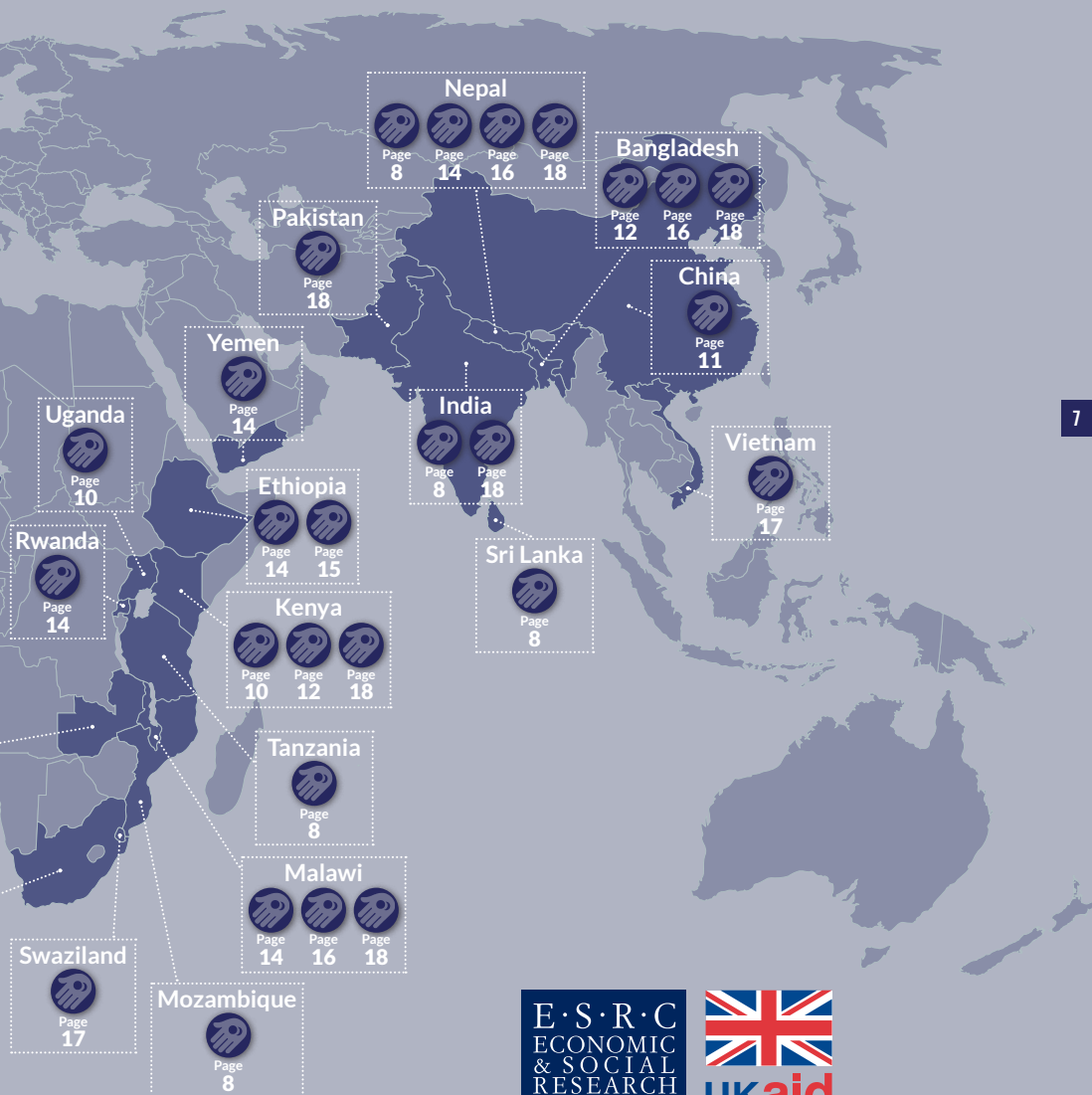


¹In addition to the Joint Fund for Poverty Alleviation Research and the Raising Learning Outcomes in Education Systems Programme, the ESRC-DFID Strategic Partnership also funds: the DFID-ESRC Growth Research Programme (DEGRP); a programme focusing on urbanisation and risk in Africa; and works with DFID and funders outside the bilateral partnership on a range of programmes.

Achieving Health for All by 2030



Joint Fund for Poverty Alleviation Research: aims to enhance the quality and impact of social science research with the goal of reducing poverty amongst the poorest countries and peoples of the world.



Glossary of projects

To explore the research and its policy and practice implications, or for more information about The Impact Initiative for international development research, go to: www.theimpact.initiative.net



All the projects listed in this glossary were enabled by the [ESRC-DFID Joint Fund for Poverty Alleviation Research](#) which aims to enhance the quality and impact of social science research with the goal of reducing poverty amongst the poorest countries and peoples of the world.

A behavioural economic analysis of reproductive health in Burkina Faso and Tanzania

(Burkina Faso, Tanzania)

July 2016 – June 2019

Ben D'Exelle

UNIVERSITY OF EAST ANGLIA, UK

A cause of the inadequate uptake of reproductive health services is women's lack of control over pregnancy-related decisions. This research aims to generate new insights that explain the low or inadequate uptake of reproductive health services in Burkina Faso and Tanzania.



Health inequities – the unfair and avoidable difference in health arising from social, economic or political factors, and which disadvantage the poor and marginalised – are trapping millions of people in poverty.

The accountability politics of reducing health inequities: Learning from Brazil and Mozambique

(Brazil, Mozambique)

April 2016 – December 2018

Alexander Shankland

INSTITUTE OF DEVELOPMENT STUDIES (IDS), UK

Health inequities – the unfair and avoidable difference in health arising from social, economic or political factors, and which disadvantage the poor and marginalised – are trapping millions of people in poverty. This project will compare the dimensions of accountability politics and health inequalities across Brazil and Mozambique and between different areas within each country.

Biomedical and health experimentation in South Asia: Critical perspectives on collaboration, governance and competition **(India, Nepal, Sri Lanka)**

September 2010 – February 2013

Roger Jeffery

UNIVERSITY OF EDINBURGH, UK

Experimental scientific enquiry, clinical trials and innovative public health



Sister Kasiyamuhuru displays anti-retroviral (ARV) pills which are given to patients testing HIV positive. Zimbabwe.

programmes are being carried out on an increasing scale in the Global South with considerable potential for development efforts. This comparative study of three South Asian countries focused on creating new social forms (such as contract research organisations, training courses, consultancies, dedicated units in hospitals and universities and site management organisations).

Bridging the gap: Examining disability and development in four African countries

(Kenya, Sierra Leone, Uganda, Zambia)

April 2015 – June 2018

Nora Groce

LEONARD CHESHIRE DISABILITY, UK

There is growing evidence that as countries make progress towards development, disabled people fall behind. This research contributed to understanding how this occurs and what can be done to bridge the gap. It explored the correlation between common systemic barriers experienced by disabled people when accessing services and multidimensional poverty.

Demographic and poverty dynamics in an African population with high AIDS mortality and implications for social policy

(South Africa)

October 2006 – March 2010

Ian Manfred Timaeus

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE, UK

Contributed to an improved understanding of the impact of deaths of working-age adults on household welfare, households'



There is growing evidence that as countries make progress towards development, disabled people fall behind.

responses, and the determinants of differential vulnerability and resilience. Examined the effects of demographic change, including the AIDS epidemic, on poverty dynamics across the life course in South Africa and assessed the social policy interventions designed to mitigate the impact of the epidemic and their distributional implications.

The design and evaluation of a mobile learning intervention for the training and supervision of community health workers

(Kenya)

November 2014 – September 2015

Niall Winters

UNIVERSITY OF OXFORD, UK

Researchers worked closely with community health workers (CHWs), and their supervisors, to collaboratively design, develop implement and evaluate a mobile learning intervention. This provided a mobile portfolio of their practice, easily accessible reference material, and the ability to share practice related questions and resources with colleagues through activities which promoted peer learning and reflection.

Determinants of health care decisions:

Children's health in Mali

(Mali)

October 2013 – March 2015

Mark Robert Dean

INNOVATIONS FOR POVERTY ACTION, USA

A randomized, controlled trial of two health care policies examined the provision of free primary care, and regular visits from health workers to promote good practices with mothers. Explored the effects policies have on the use of healthcare resources by mothers of young children - in particular

when they seek medical care, who they seek care from, and use of preventive measures such as mosquito nets and water purification.

The economic and social effects of care dependence in later life

(China, Mexico, Nigeria, Peru)

September 2011 – March 2014

Martin James Prince

KING'S COLLEGE LONDON, UK

Households where an older person had developed needs for care (incident care households) were compared with those

**Older woman,
China.**



with older residents with long-standing needs for care (chronic dependence) and with no needs for care (control households). Detailed household interviews assessed various factors, including changes attributable to the onset/intensification of care-dependence. Detailed case studies elucidated the pathways involved.

Graduation as resilience

(Bangladesh)

October 2013 – June 2015

Mushtaque Chowdhury and WMH Jaim

BRAC CENTRE, BANGLADESH

How important is psychological support such as life planning, confidence building and strengthening social awareness in helping poor women to graduate from poverty in a resilient way? The project explored this question through a model of psychological wellbeing which was tested with poor women involved in Bangladesh's first graduation programme run by BRAC.

Graduation as resilience stage two

(Bangladesh)

November 2015 – January 2018

Mushtaque Chowdhury

BRAC CENTRE, BANGLADESH

In stage one, researchers adopted a model of psychological wellbeing and tested it on a sample of women involved in BRAC's graduation programme. Stage two sought to validate the findings and conduct further statistical tests to establish whether (or not) the provision of psychological inputs leads to better programme performance.

Healthy urbanisation: Tackling child malnutrition through intervening to change the social determinants of health in informal settlements and slums

(Chile, Kenya)

October 2010 – March 2014

Pat Judith Pridmore

INSTITUTE OF EDUCATION, UK

This study focused on reducing malnutrition in young children through intervening to change the social determinants of health in informal, urban settlements and slums. The central research explored how child malnutrition amongst families living in poverty in informal settlements and slums could be reduced through broadening community, and stakeholder, participation and strengthening local political accountability for nutrition.

ICTs and the changing health knowledge economy: how people find health information in Bangladesh

(Bangladesh)

October 2012 – March 2016

Gerald Bloom

INSTITUTE OF DEVELOPMENT STUDIES, UK

Examined how the spread of the mass media, increased access to the internet and how high levels of mobile phone use are changing the ways poor people seek health-related information and advice. Explored health information seeking behaviour in Bangladesh to pick up new patterns of behaviour with the potential to spread rapidly.



Health worker,
Bangladesh.

Matt Freer/Flickr CC BY-NC 2.0

Identifying barriers to tuberculosis (TB) diagnosis and treatment under a new rapid diagnostic scheme

(Ethiopia, Nepal, Yemen)

May 2008 – October 2012

Luis Eduardo Cuevas

LIVERPOOL SCHOOL OF TROPICAL MEDICINE, UK

Assessed whether improving the efficiency of the diagnosis process for tuberculosis (TB) leads to increased access to treatment. The study identified the barriers preventing adults from completing the diagnostic process in Ethiopia, Nepal and Yemen and explored what changes were required to increase treatment uptake.

curative health care services and HIV/AIDS treatment, which was implemented in Rwanda from 2006-2008.

Incentives for accurate diagnosis: improving health care quality in Mali (Mali)

August 2015 – July 2017

Anja Sautmann

BROWN UNIVERSITY, USA

Finding ways to deliver high-quality health care to low-income populations in a developing country such as Mali is a critical policy challenge. Evidence indicated that some care may be unnecessary or mis-targeted – in particularly for malaria. This project sought to identify the leading causes behind over-prescription and over-treatment, and test whether alternative incentive regimes can improve care outcomes without producing unnecessary costs.

Impact evaluation of performance-based contracting for general health and HIV/AIDS services in Rwanda

(Rwanda)

February 2008 – January 2012

Stefano Michele Bertozzi

NATIONAL INSTITUTE OF PUBLIC HEALTH, CANADA

An impact evaluation of a performance-based financing (PBF) scheme for health care, including basic preventive and

The impact of mobile phones on young people's lives and life chances in sub-Saharan Africa: a three country study to inform policy and practice (Ghana, Malawi, South Africa)

August 2012 – December 2015

Gina Porter

DURHAM UNIVERSITY, UK

Explored how the rapid expansion of mobile phone usage impacts on young lives and how policy makers can support the positive aspects of change (and constrain the negative elements). Mixed-method, participatory child-centred studies were conducted in the same 24 sites across

Finding ways to deliver high-quality health care to low-income populations in a developing country such as Mali is a critical policy challenge.



USAFRICOM/Flickr CC BY-NC-SA 2.0

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Ghana, Malawi and South Africa (urban, peri-urban, rural, remote rural in two agro-ecological zones per country).

Inter-agency research on strengthening community based child protection for vulnerable children in Sierra Leone

(Sierra Leone)

January 2013 – December 2015

Michael Wessells

COLUMBIA UNIVERSITY, USA

Alongside government and the family, the community is a crucial source of potential support for children vulnerable to child protection risks. Community protection policy is often not backed by effective

support from aspects of the government system such as social workers and police. This research systematically evaluated the effect of community-led interventions to better link communities with government services and systems to support vulnerable children.

Making it happen – increasing access to diagnosis and treatment for tuberculosis

(Ethiopia)

March 2014 – March 2015

Luis Eduardo Cuevas

LIVERPOOL SCHOOL OF TROPICAL MEDICINE, UK

One third of 8.7 million cases of tuberculosis (TB) occurring each year are

■ ■
Unsafe abortion is a significant, preventable cause of maternal mortality and morbidity and is both a cause and a consequence of poverty. ■ ■

missed by health services. In Ethiopia, TB is one of the major causes of adult death, affecting the lives of many people and health service coverage is poor, resulting in low case detection. This project explored approaches to enhance TB case detection by addressing the barriers and bringing services closer to poor and vulnerable groups.

The meaning of health security for disaster resilience in Bangladesh (Bangladesh)

January 2007 – December 2008

Andrew Elvin Collins

NORTHUMBRIA UNIVERSITY, UK

This project assessed how health influences vulnerability to major disaster events. It generated knowledge on health security as part of disaster risk reduction and on its role in sustainable livelihoods.

New norms and forms of development: brokerage in maternal and child health service development and delivery in Nepal and Malawi (Malawi, Nepal)

March 2014 – October 2016

Ian Harper

UNIVERSITY OF EDINBURGH, UK

Through its focus on the role and functions of different types of institutions and professionals who broker health sector development projects and programmes, the research explored the nature of mediation and translation involved in the process, and the difference these actors make in meeting the global health development objectives.

Pregnancy termination trajectories in Zambia: maximising research impact (Zambia)

June 2014 – August 2015

Ernestina Elizabeth Coast

LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE (LSE), UK

Unsafe abortion is a significant preventable cause of maternal mortality and morbidity. In Zambia it remains a major challenge, despite legalised abortion and a favourable policy framework. This project sought to maximise the impact of research that has investigated the socio-economic costs of unsafe and safe abortion for women, their households and the Zambian health system

Pregnancy termination trajectories in Zambia: the socio-economic costs (Zambia)

December 2011 – November 2014

Ernestina Elizabeth Coast

LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE (LSE), UK

Unsafe abortion is a significant, preventable cause of maternal mortality and morbidity and is both a cause and a consequence of poverty. This research

explored how investment in safe abortion services impacts on the socio-economic conditions of women and their households, and the implications for policy-making and service provision in Zambia.

Poverty and maternal health in Ghana: a spatial analysis of exclusion from care (Ghana)

July 2008 – January 2011

Zoe Matthews

UNIVERSITY OF SOUTHAMPTON, UK

Quantified the spatial links between poverty and poor utilisation of maternal health services in Ghana. Built on previous work in a range of African countries, which showed that individual and community characteristics alone do not go far towards explaining service use at childbirth, especially in West African countries.

Poverty reduction and regional integration: a comparative analysis of SADC and UNASUR health policies (Bolivia, Paraguay, Swaziland, Zambia)

July 2008 – January 2011

Nicola Yeates

OPEN UNIVERSITY, UK

Examined the scope for enhancing Southern multilateral regional organisations' contributions to poverty reduction through regional health policy. Conducted a comparative analysis of SADC and UNASUR regional agendas and ambitions, regional programmes of action and regional processes of policy development in relation to access to health care and medicines.

Proposal to conceptually integrate social determinants of health research and capabilities approach to development and social justice

(El Salvador, Peru)

February 2008 – September 2010

Michael Gideon Marmot

UNIVERSITY COLLEGE LONDON, UK

This inter-disciplinary project carried out conceptual groundwork towards constructing a theory of health causation and distribution that spans poor and rich countries, as well as one that can account for biology, individual behaviour, material agents, and social conditions. Three main research areas were examined: the philosophy of social epidemiology; conceptualizing human health as a capability; and integrating social determinants research and capabilities theory.

Social protection and disability: policy lessons from Vietnam (Vietnam)

October 2012 – September 2014

Nora Groce

UNIVERSITY COLLEGE LONDON, UK

People with disabilities (PWDs) represent a disproportionately high proportion of the world's poor. PWDs are increasingly being mainstreamed into government social protection programmes in low- and middle-income countries. This research evaluated the efficacy of two government social protection programmes for PWDs in Vietnam, including a cash transfer programme and a free health insurance programme.

Socio-economic inequalities and the MDGs: building evidence to support equitable improvement in maternal and newborn health in Asia & Africa (Bangladesh, India, Malawi, Nepal)

July 2011 – September 2015

Antonia Jannetje (Tanja) Houweling

UNIVERSITY COLLEGE LONDON, UK

Generated evidence on: how socio-economic inequalities translate into inequalities in newborn and maternal mortality; how to address the exclusion of poor and otherwise disadvantaged groups from efforts to achieve the MDGs; and how to reduce socio-economic inequalities in maternal and newborn mortality.

Stigma and discrimination associated with tuberculosis (TB) in Asia (Bangladesh, Nepal, Pakistan)

May 2007 – May 2009

James Nicholas Newell

UNIVERSITY OF LEEDS, UK

Produced strategies to reduce stigma and discrimination around tuberculosis (TB). Explored how to make it easier for TB patients, especially poor TB patients, to receive proper diagnosis and treatment.

Tracing pharmaceuticals in South Asia: regulation, distribution and consumption (India, Nepal)

September 2006 – December 2009

Roger Jeffery

UNIVERSITY OF EDINBURGH, UK

This multi-disciplinary project combined anthropological fieldwork with archival and interview-based research to investigate

the conditions that make possible continuing inappropriate use of medicines in South Asia. Contributed to greater understanding of processes that lead to iatrogenic disorders (those induced unintentionally by a physician's diagnosis) for poor people, and to offer improved understanding for the development of policy in these fields.

Understanding resilience in later life in a low resource setting (Kenya)

October 2012 – July 2015

Maria Evandrou

UNIVERSITY OF SOUTHAMPTON, UK

Adopted a mixed methods approach to improve understanding of how social capital, economic, and individual factors interacted to enhance the wellbeing of older people living in the slums of Nairobi, Kenya. It combined in-depth qualitative research with quantitative analysis of unique panel data of 2,000 older people aged 50 and over living in two Nairobi slums who were followed over time.

ESRC-DFID's Strategic Partnership – research evidence for policy makers and practitioners

Formed in August 2005, the UK's Economic and Social Research Council (ESRC) and the Department for International Development (DFID) Strategic Partnership funds world class scientific research on a broad range of topics. The partnership contributes to a robust conceptual and empirical basis for development and funds both the Joint Fund for Poverty Alleviation Research and the Raising Learning Outcomes in Education Systems Programme¹.

- The **Joint Fund for Poverty Alleviation Research** aims to enhance the quality and impact of social science research with the goal of reducing poverty amongst the poorest countries and peoples of the world. The primary aim of the scheme is to fund scientific research with potential impact on policy and practice for poverty reduction. Since 2005, the fund has enabled a portfolio of 167 projects² on issues ranging from child poverty and inequality, secure livelihoods, disability, inequality in education, health system reform, climate adaptation and much more besides. The most recent funding phase is due to complete in 2021.

Visit www.esrc.ac.uk/international-development for further information.

- The **Raising Learning Outcomes in Education Systems Programme** aims to provide policymakers and practitioners with concrete ideas on how to improve learning and understanding of how these will translate to their specific context and institutions, and to demonstrably inform relevant policy and programme decisions. The research funded through this programme focuses on how to raise learning outcomes for all by considering equity (including gender and disability) as well as quality dimensions of education. The current programme runs from January 2014 to March 2022.

Visit www.esrc.ac.uk/eddev for further information.

¹In addition to the Joint Fund for Poverty Alleviation Research and the Raising Learning Outcomes in Education Systems Programme, the ESRC-DFID Strategic Partnership also funds: the DFID-ESRC Growth Research Programme (DEGRP); a programme focusing on urbanization and risk in Africa; and works with DFID and funders outside the bilateral partnership on a range of programmes.

²According to the data available at the time of printing

THE IMPACT INITIATIVE

For International Development Research

This booklet provides an overview of research on health for all encompassing 30 projects focused in 30 countries which have been enabled by the UK's Economic and Social Research Council (ESRC) and the Department for International Development (DFID) Strategic Partnership.

The Impact Initiative for International Development Research seeks to connect policy makers and practitioners with the world class social science research supported by the ESRC-DFID Strategic Partnership, maximising the uptake and impact of research from: (i) The Joint Fund for Poverty Alleviation Research, and (ii) The Raising Learning Outcomes in Education Systems Programmes. We seek to identify synergies between these programmes and their grant holders, support them to exploit influencing and engagement opportunities, and facilitate mutual learning.

The Impact Initiative is a collaboration between the Institute of Development Studies (IDS) and the University of Cambridge's Research for Equitable Access and Learning (REAL) Centre.

Email: info@theimpactinitiative.net

Website: www.theimpactinitiative.net

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